

# Primary care out-of-hours services

Report supplement: Results of  
the national survey of GPs



Prepared for the Auditor General for Scotland  
August 2007

# Auditor General for Scotland

The Auditor General for Scotland is the Parliament's watchdog for ensuring propriety and value for money in the spending of public funds.

He is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

He is independent and not subject to the control of any member of the Scottish Executive or the Parliament.

The Auditor General is responsible for securing the audit of the Scottish Executive and most other public sector bodies except local authorities and fire and police boards.

The following bodies fall within the remit of the Auditor General:

- directorates of the Scottish Executive eg, the Health Directorates
- executive agencies eg, the Prison Service, Historic Scotland
- NHS boards
- further education colleges
- Scottish Water
- NDPBs and others eg, Scottish Enterprise.

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Executive and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

# Contents

<b>Introduction</b>	<b>1</b>	<b>Part 3. GP views on the impact of the out-of-hours opt-out</b>	<b>10</b>
<b>Part 1. About the respondents</b>	<b>2</b>	<b>Appendix 1. GP Survey</b>	<b>21</b>
<b>Part 2. Out-of-hours activity</b>	<b>5</b>		

# Introduction

1. As part of a study looking at the development of primary care out-of-hours services, Audit Scotland sent a survey to GPs in Scotland in November 2006.<sup>1</sup> A copy of the survey form is included in **Appendix 1**. Of the 4,659 questionnaires issued, 1,770 were completed, giving a return rate of 38 per cent.
2. The survey explores issues such as whether GPs chose to opt out of providing out-of-hours care and why, their views on the impact of the opt-out and what changes it has made to their work. This report provides the full data from the survey responses. Key findings from the survey are included in *Primary care out-of-hours services*.<sup>2</sup>

---

<sup>1</sup> Mailing list supplied by Information Services Division (ISD), February 2006

<sup>2</sup> *Primary care out-of-hours services*, Audit Scotland, August 2007.

# Part 1. About the respondents

3. **Exhibit 1** shows the breakdown of respondents by NHS board. It shows that there is a spread of responses across all NHS boards.

---

## Exhibit 1.

### GP respondents by NHS board area

NHS board	Number and percentage of respondents in each board
NHS Ayrshire and Arran	113 (6.4%)
NHS Borders	39 (2.2%)
NHS Dumfries and Galloway	59 (3.3%)
NHS Fife	103 (5.8%)
NHS Forth Valley	85 (4.8%)
NHS Highland	161 (9.1%)
NHS Grampian	175 (9.9%)
NHS Greater Glasgow and Clyde	267 (15.1%)
NHS Lanarkshire	102 (5.8%)
NHS Lothian	281 (15.9%)
NHS Orkney	15 (0.8%)
NHS Shetland	8 (0.5%)
NHS Tayside	107 (6%)
NHS Western Isles	21 (1.2%)
Other/unable to code	234 (13.2%)
<b>Total</b>	<b>1,770</b>

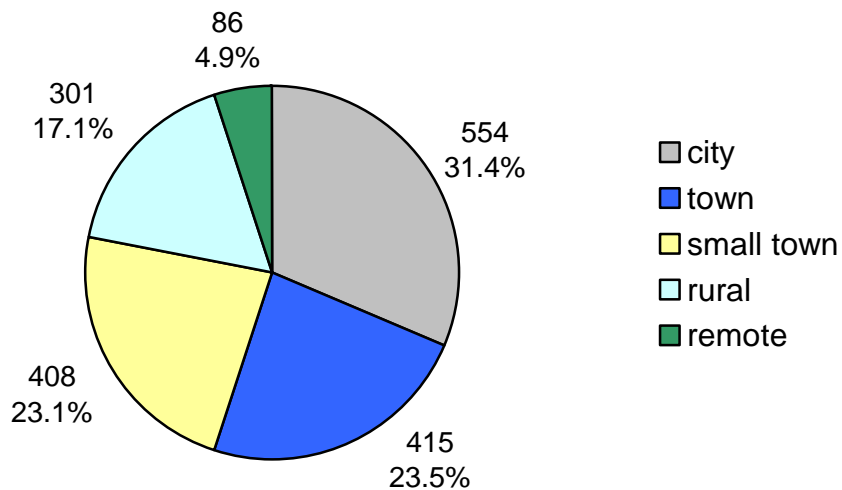
Source: Audit Scotland, August 2007

4. Just under half of respondents come from small towns or more rural or remote areas (45 per cent) (**Exhibit 2**).

---

**Exhibit 2.**

**Spread of GPs working in urban or rural practices (n = 1764)**



Source: Audit Scotland, August 2007

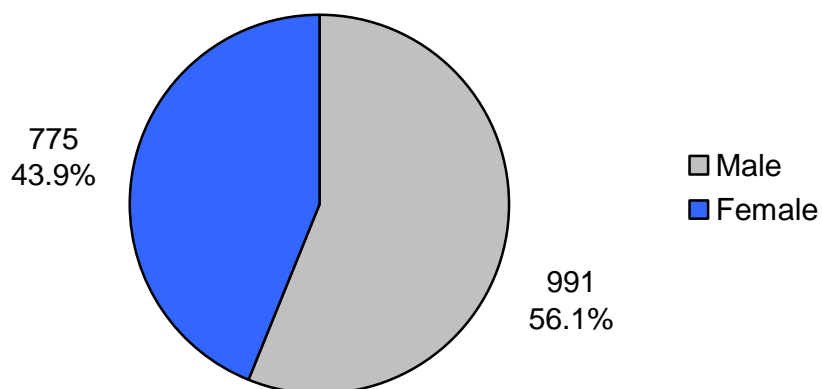
---

5. There is a fairly even mix of gender with 44 per cent female respondents, and 56 per cent male (Exhibit 3).

---

**Exhibit 3.**

**Proportion of male and female GP respondents (n = 1766)**



Source: Audit Scotland, August 2007

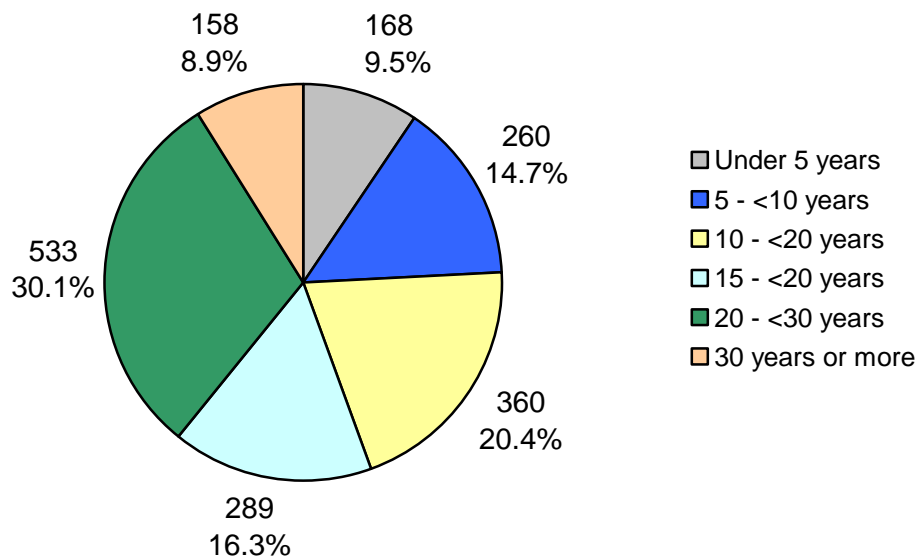
---

6. Most GPs indicated that they have been working as a GP for a number of years. Just over half of respondents have been working as a GP for more than 15 years (**Exhibit 4**).<sup>3</sup>

---

**Exhibit 4.**

**Length of time working as a GP (n = 1768)**



Source: Audit Scotland, August 2007

---

<sup>3</sup> Including time spent as a GP registrar.

## Part 2. Out-of-hours activity

7. We asked GPs a series of questions about their work in the out-of-hours period, initially asking whether their practice had opted out of providing out-of-hours services, and if so why. Over 93 per cent (1661) said their practice had opted out of providing out-of-hours care (**Exhibit 5**).<sup>4</sup>

### Exhibit 5.

#### Practices opting in or out of providing out-of-hours care

	Number and percentage of GPs	Number who cited a reason for opting out or not
Practice opted out	1661 (93.8%)	1476
Practice did not opt out	85 (4.8%)	84
Did not reply	24 (1.4%)	-

Source: Audit Scotland, August 2007

8. We asked GPs an open question about why their practice had opted out and it was possible to group these responses into nine broad reasons. **Exhibit 6** shows the breakdown of responses and includes multiple responses. The main reasons given for practices deciding to opt out of providing out-of-hours care were workload pressures and quality of life issues.

### Exhibit 6.

#### Reasons for practices opting out (n = 1476)

	Workload /quality of life	Better for patients	Previously part of a cooperative	Financial	Recruitment	Alternative service already exists	Suited practice/ flexibility	Don't know	Other
All Responses	902	55	89	140	45	95	240	108	72

Note: Multiple responses included.

Source: Audit Scotland, August 2007

9. We asked the 85 GPs who indicated that their practice had not opted out of providing out-of-hours care to explain why, and 84 GPs gave specific reasons. Of those who gave a reason most indicated

<sup>4</sup> This is similar to the national figure of 95 per cent of practices opting-out across Scotland.



that they had to continue to deliver out-of-hours services to meet patient need or that there was no alternative.

### Exhibit 7.

#### Reasons for practices not opting out of providing out-of-hours care (n = 84)

	To meet patient need	No alternative	For training purposes	Other
All responses	32	20	4	30

Note: Multiple responses included.

Source: Audit Scotland, August 2007

10. Under the previous system GPs were able to contribute to a deputising service or out-of-hours cooperative to assist in providing out-of-hours services to their patients. GPs who contributed to such a system may not have directly provided out-of-hours services for their patients prior to the opt-out, or may have done so infrequently. We asked GPs to indicate if they contributed to a deputising service or out-of-hours cooperative prior to the opt out, and 73 per cent of respondents (1291) said they did.
11. Of the 1676 GPs who responded to the question, 43 per cent (721) of GPs said they personally deliver out-of-hours services on behalf of an NHS board. We asked the 955 GPs who said they do not personally deliver out-of-hours services an open question about why they do not deliver these services, and 899 GPs gave a reason. It was possible to group their responses into eight broad areas (**Exhibit 8**). Most GPs who specified a reason had concerns around workload and quality of life.

### Exhibit 8.

#### GP reasons for not delivering out-of-hours services (n = 899)

	Workload /quality of life	Financial incentives insufficient	Poor quality of out-of-hours services	Unsafe service	Alternative service already exists	Patient care	Other
All responses	880	55	40	20	7	17	64

Note: Multiple responses included.

Source: Audit Scotland, August 2007

12. Under the new General Medical Services (nGMS) contract GPs can contribute to the delivery of out-of-hours services in three ways: they can either opt-in, thereby providing services themselves; opt-out but subsequently offer their services back to a board (reprovision); or take up a salaried position with an NHS board. **Exhibit 9** shows the employment position of GPs who are delivering out-of-hours services, excluding those who have opted in. Only 12 GPs said that they provide out-of-hours services through an agency.

**Exhibit 9.**

**Employment position of GPs delivering out-of-hours services (n = 687)**

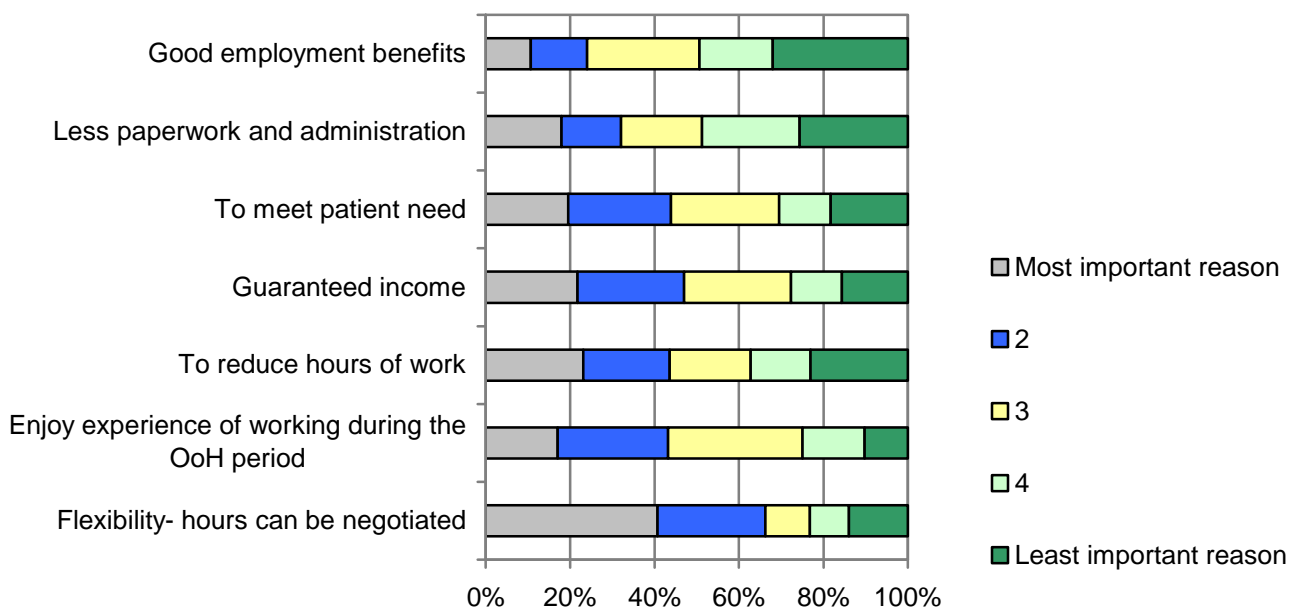
Self employed independent contractor providing services to an NHS board	NHS board employed salaried GP (full time)	NHS board employed salaried GP (part time)	NHS board employed salaried GP for out-of-hours sessions	Other
490 (71.3%)	11 (1.6%)	26 (3.8%)	121 (17.6%)	39 (5.7%)

Source: Audit Scotland, August 2007

13. Of the 158 GPs who said they are in a salaried position, 87 have become salaried since the nGMS contract came into effect. We asked salaried GPs why they had decided to take a salaried position. The flexibility afforded by working as a salaried GP is seen as most attractive (**Exhibit 10**).

**Exhibit 10.**

**Reasons for becoming a salaried GP**



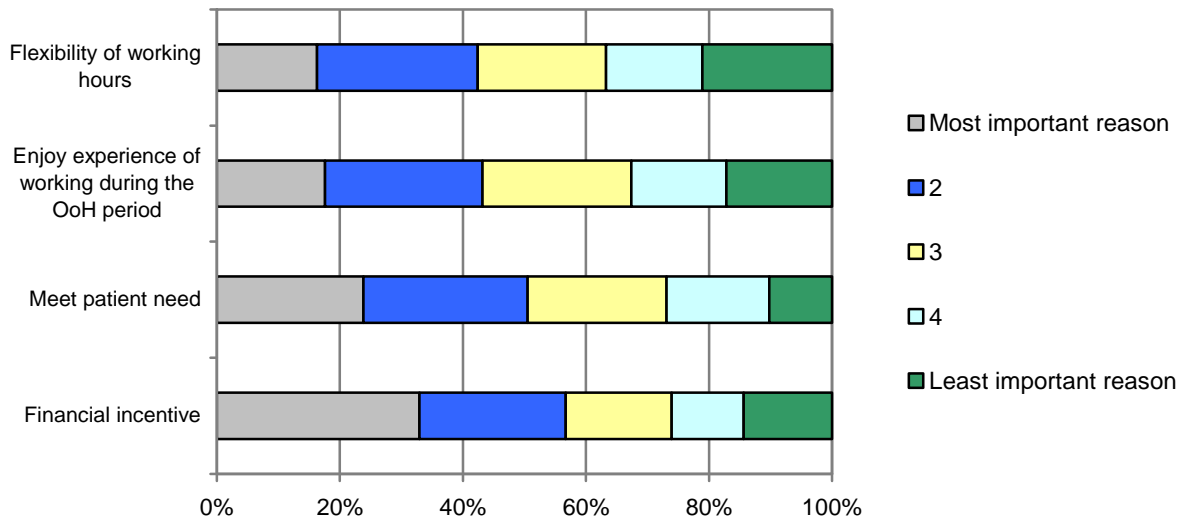
Source: Audit Scotland, August 2007

14. We asked GPs who had opted out of providing out-of-hours services to their patients but then subsequently decided to re-provide some services for NHS boards (as independent contractors), the main reasons for re-providing this service. The financial incentive is seen as one of the most important reasons for re-providing services out-of-hours (**Exhibit 11**).

---

**Exhibit 11.**

**Reasons for delivering out-of-hours services – independent contractors**



*Source: Audit Scotland, August 2007*

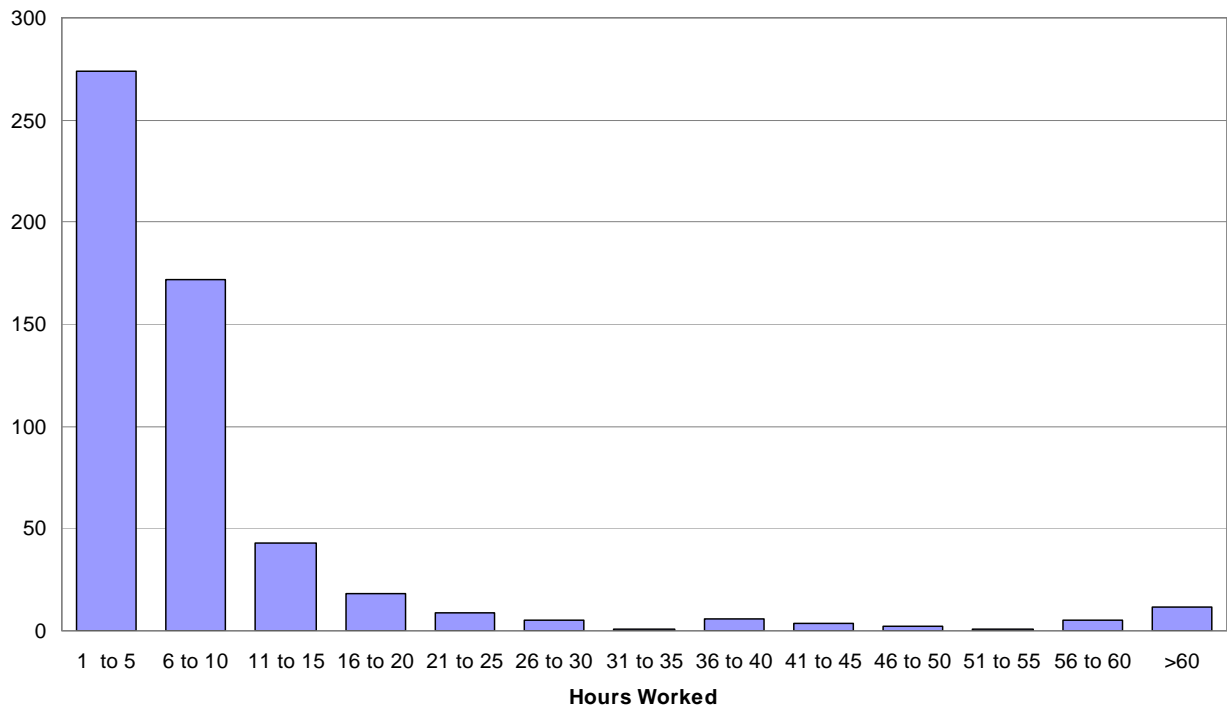
---

15. Overall GP workload out-of-hours appears to be reducing according to our survey. We asked GPs whether there has been any change to the amount of out-of-hours work they undertake since the changes in out-of-hours arrangements came into effect following the introduction of the nGMS contract. Over half said their out-of-hours workload is reducing, 29.2 per cent said it has stayed the same and 12.5 per cent said it has increased.
  
16. We asked GPs who carry out out-of-hours work how many hours a week they typically work. Responses were varied but most GPs who carry out out-of-hours sessions work less than six hours in the out-of-hours period per week.

---

**Exhibit 12.**

**Average number of hours per week worked out-of-hours by GPs**



*Source: Audit Scotland, August 2007*

---

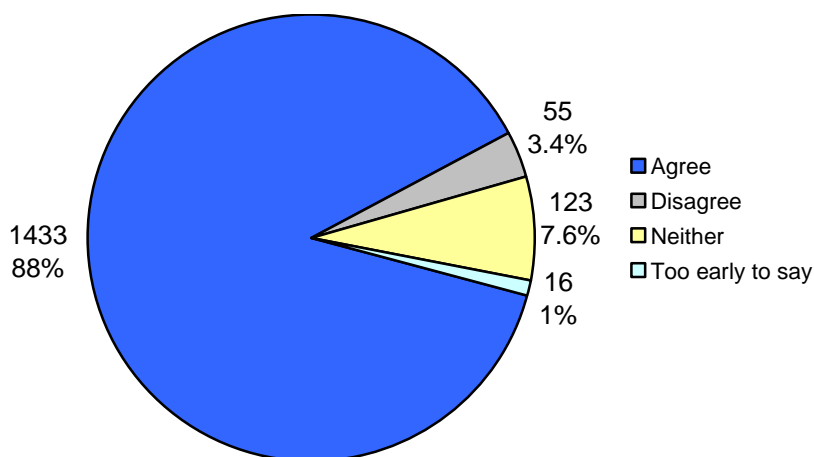
# Part 3. GP views on the impact of the out-of-hours opt-out

17. We asked all 1,770 respondents to answer a series of questions about the impact of the opt out. GPs were asked to respond: agree; neither disagree or agree; disagree; too early to say. **Exhibits 13 to 32** show the responses. The percentages shown are of those who answered the question.

---

## Exhibit 13.

**I am relieved that I no longer have 24-hour contractual responsibility for providing out-of-hours care (n = 1627)**

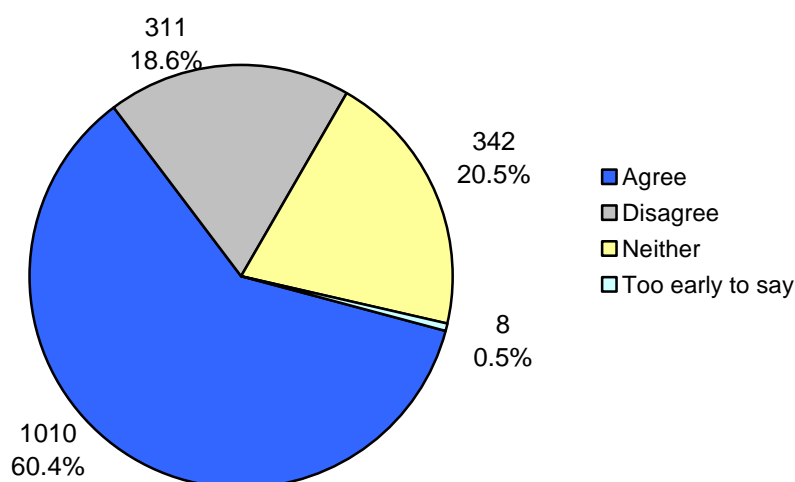


Source: Audit Scotland, August 2007

---

## Exhibit 14.

**I have more control over my workload (n = 1671)**



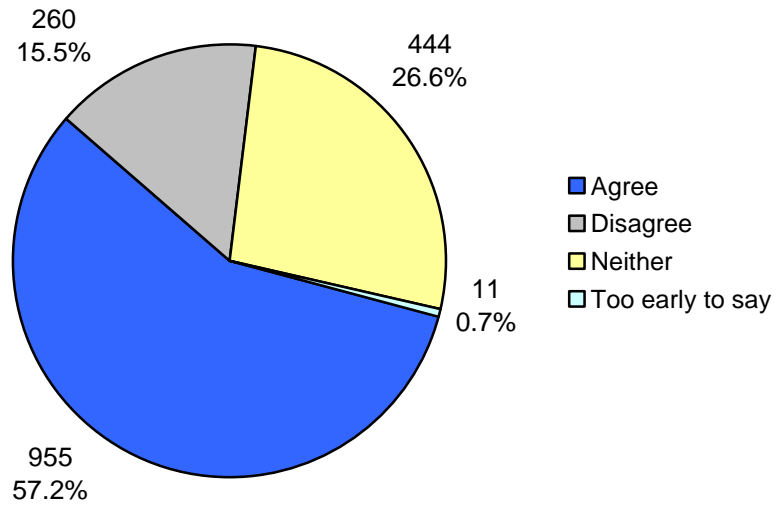
Source: Audit Scotland, August 2007

---

---

**Exhibit 15.**

**My morale has improved (n = 1670)**



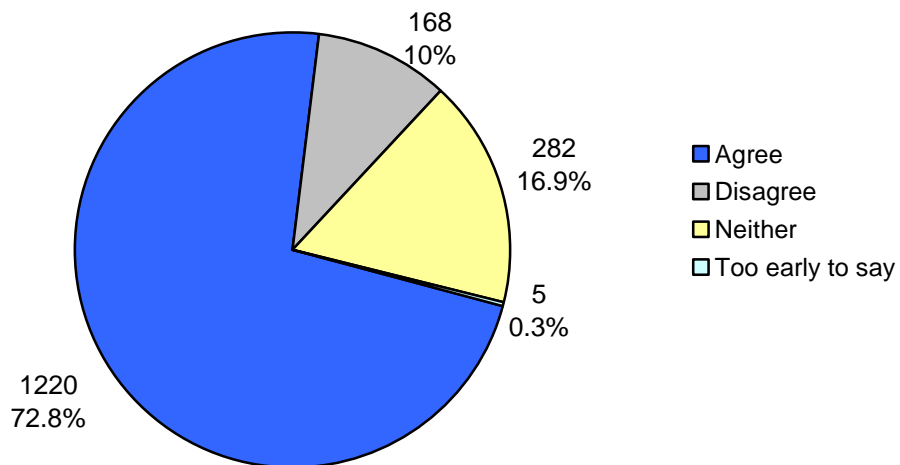
Source: Audit Scotland, August 2007

---

---

**Exhibit 16.**

**My work-life balance has improved (n = 1675)**



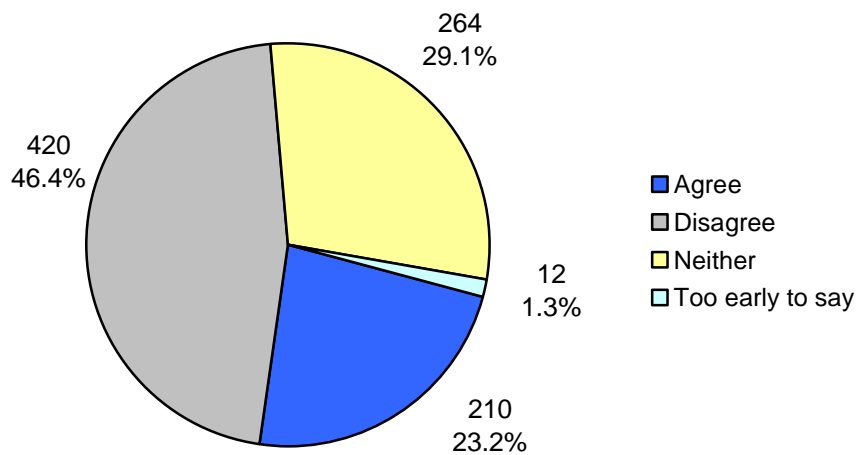
Source: Audit Scotland, August 2007

---

---

**Exhibit 17.**

**I spend less time providing medical care to patients when I'm working out-of-hours (n = 906)**

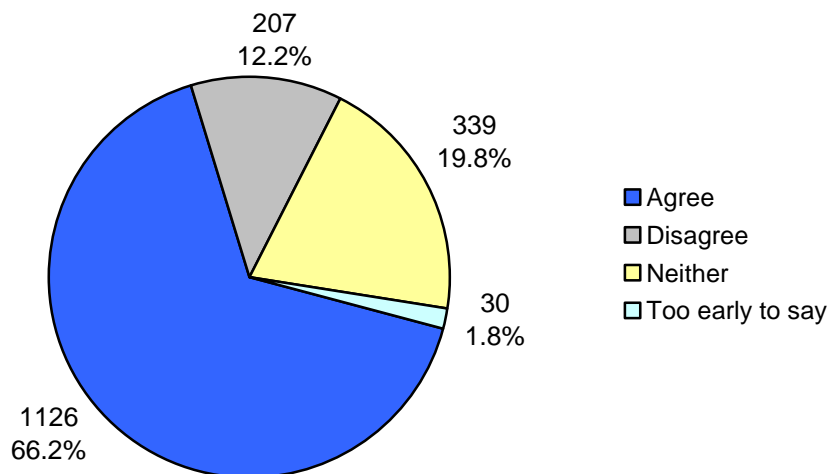


Source: Audit Scotland, August 2007

---

**Exhibit 18.**

**A career as a GP has become more attractive (n = 1702)**



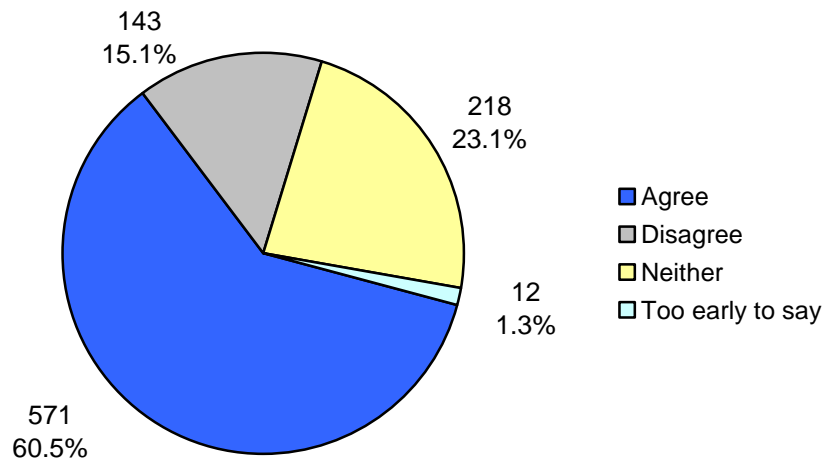
Source: Audit Scotland, August 2007

---

---

**Exhibit 19.**

**I believe my pay for out-of-hours work is fairer (n = 944)**

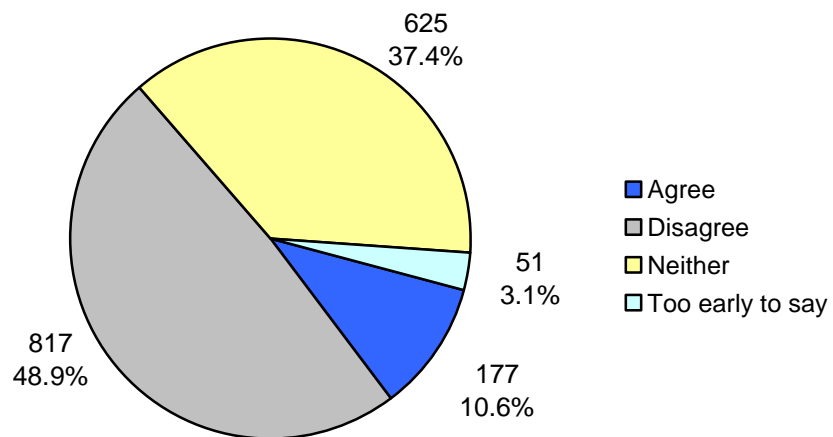


Source: Audit Scotland, August 2007

---

**Exhibit 20.**

**The quality of patient care out-of-hours has improved (n = 1670)**



Source: Audit Scotland, August 2007

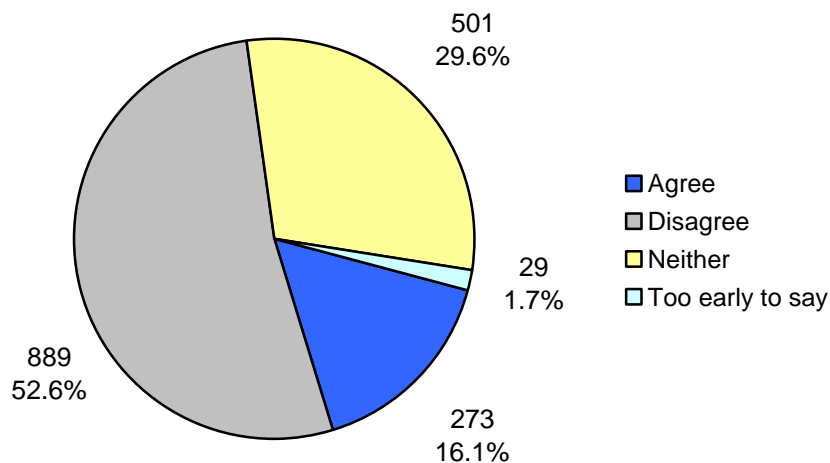
---



---

**Exhibit 21.**

**Patient access to, and the availability of, out-of-hours services has improved (n = 1692)**



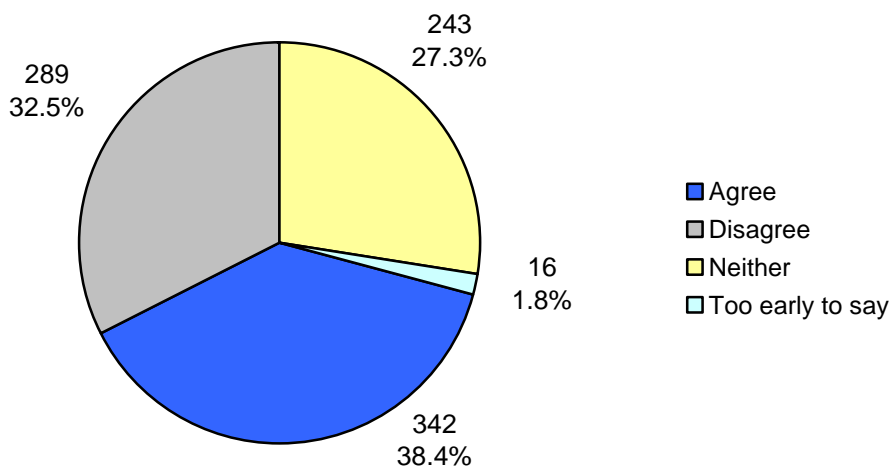
Source: Audit Scotland, August 2007

---

---

**Exhibit 22.**

**There has been an increase in the number of patients I treat during the out-of-hours period whose medical problem could wait until the following day (in-hours) to treat (n = 890)**



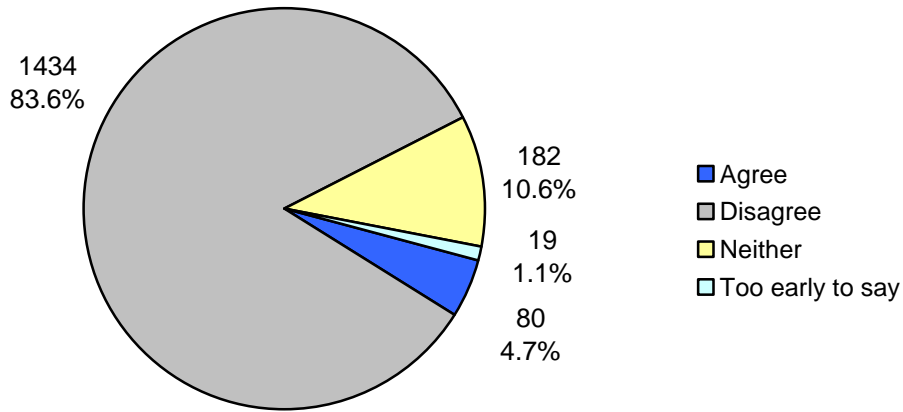
Source: Audit Scotland, August 2007

---

---

**Exhibit 23.**

**The quality of patient care from GPs in-hours has declined (n = 1715)**

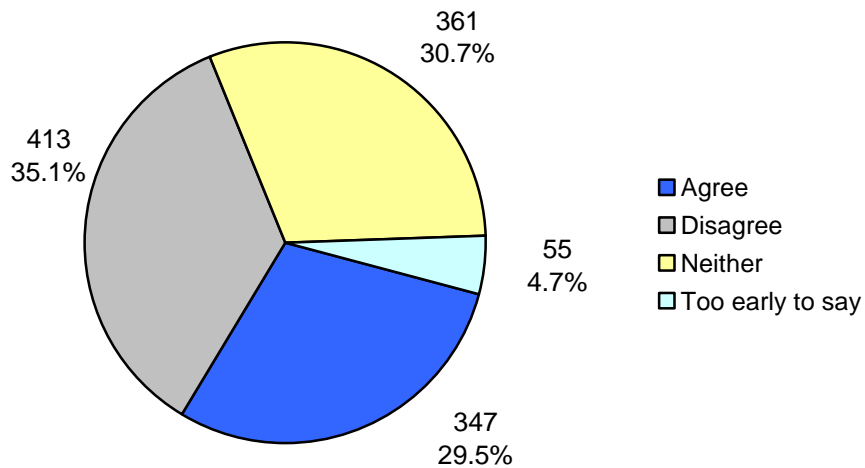


Source: Audit Scotland, August 2007

---

**Exhibit 24.**

**Skill mix is allowing other staff, such as nurses, to take on more of my out-of-hours work and this enables me to treat the patients who most need my care (n = 1176)**



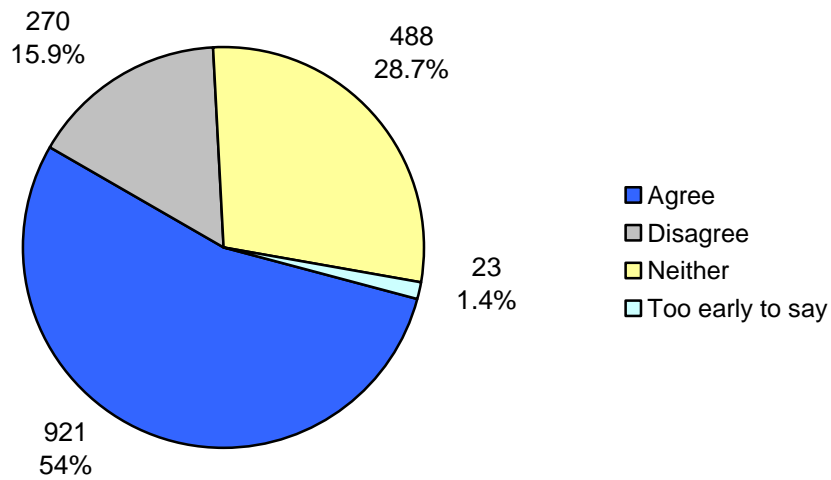
Source: Audit Scotland, August 2007

---

---

**Exhibit 25.**

**Communication between providers of out-of-hours care needs to be improved (e.g. NHS 24, GP practices, the ambulance service, acute services, social services) (n = 1702)**



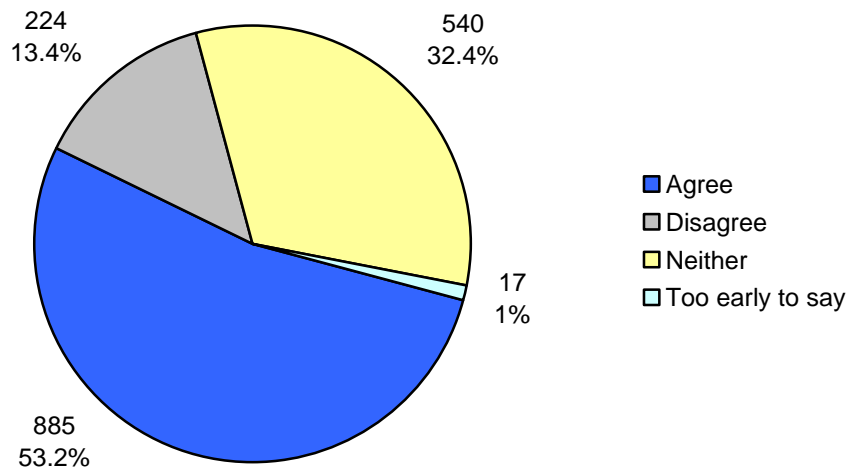
Source: Audit Scotland, August 2007

---

---

**Exhibit 26.**

**Sharing of patient information between providers of out-of-hours care needs to be improved (n = 1666)**



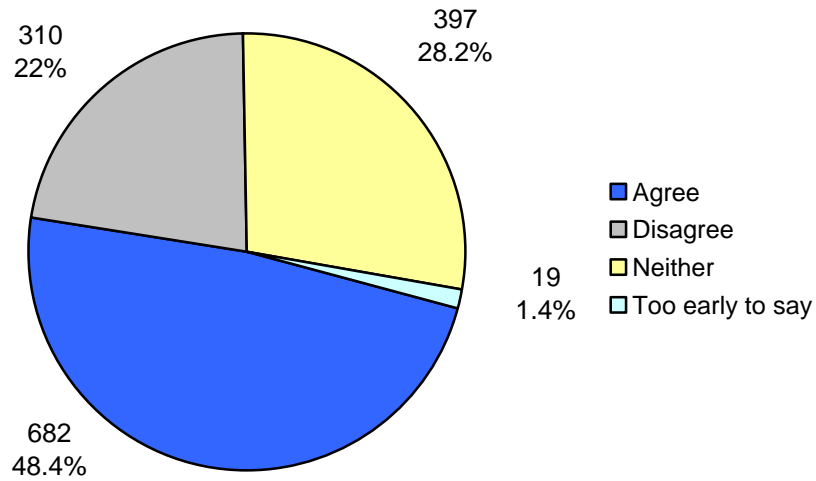
Source: Audit Scotland, August 2007

---

---

**Exhibit 27.**

**For the most part, NHS 24 appropriately refers patients to me (n = 1408)**



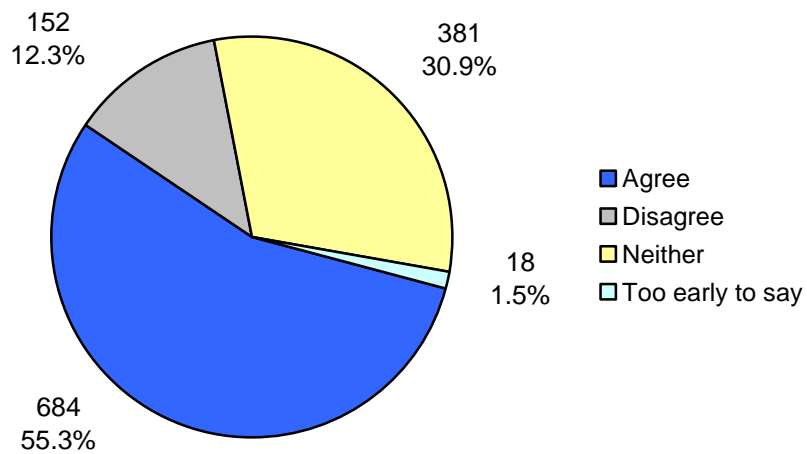
Source: Audit Scotland, August 2007

---

---

**Exhibit 28.**

**For the most part, the NHS board-managed out-of-hours call-handling hub appropriately refers patients to me (n = 1235)**



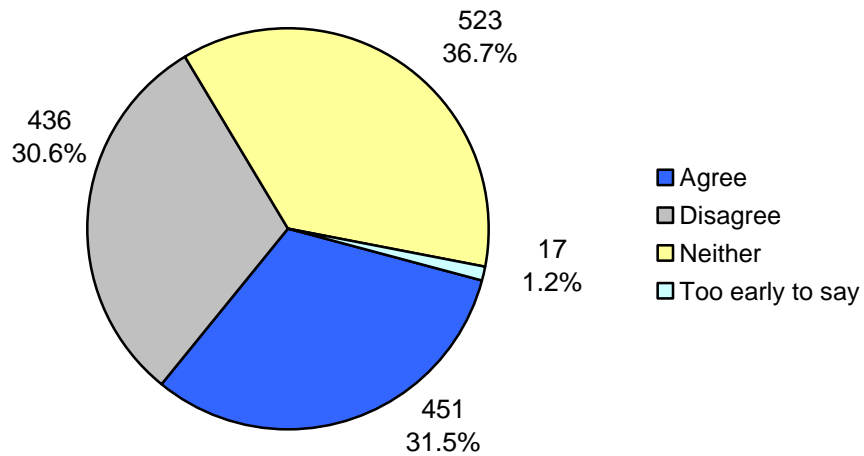
Source: Audit Scotland, August 2007

---

---

**Exhibit 29.**

**The response times for GP home visits recommended by NHS 24 are appropriate (n = 1427)**



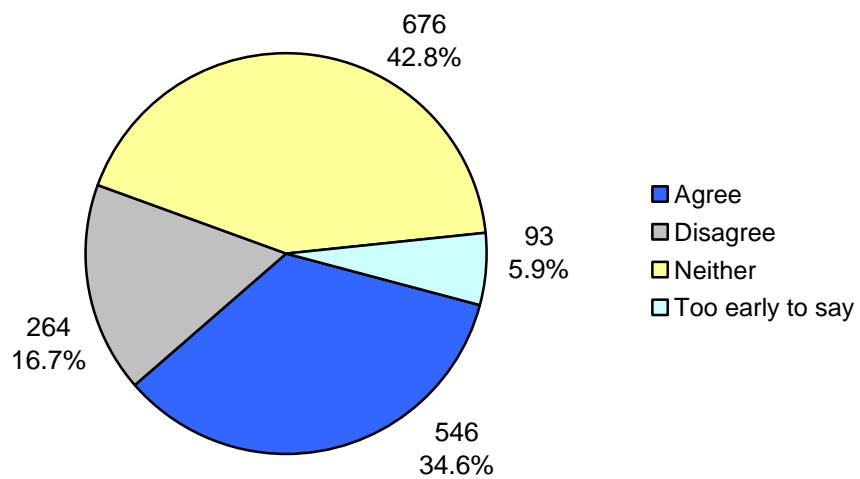
*Source: Audit Scotland, August 2007*

---

---

**Exhibit 30.**

**There has been an increase in emergency admissions (n = 1579)**



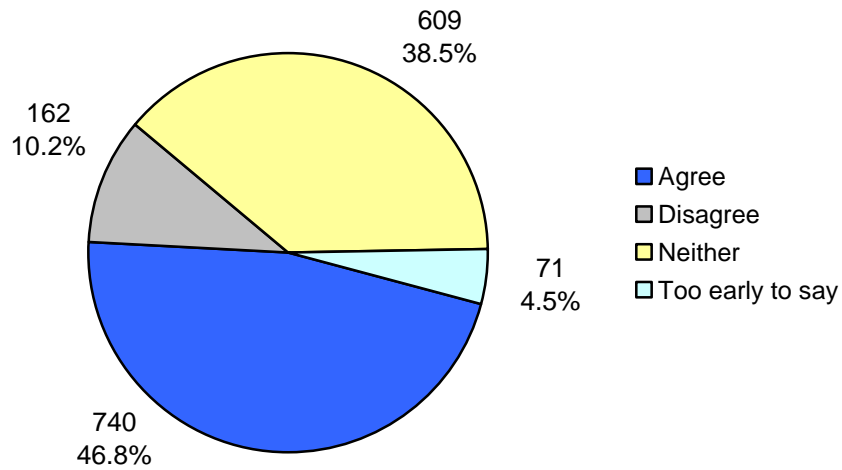
*Source: Audit Scotland, August 2007*

---

---

**Exhibit 31.**

**There has been an increase in attendances at A&E (n = 1582)**

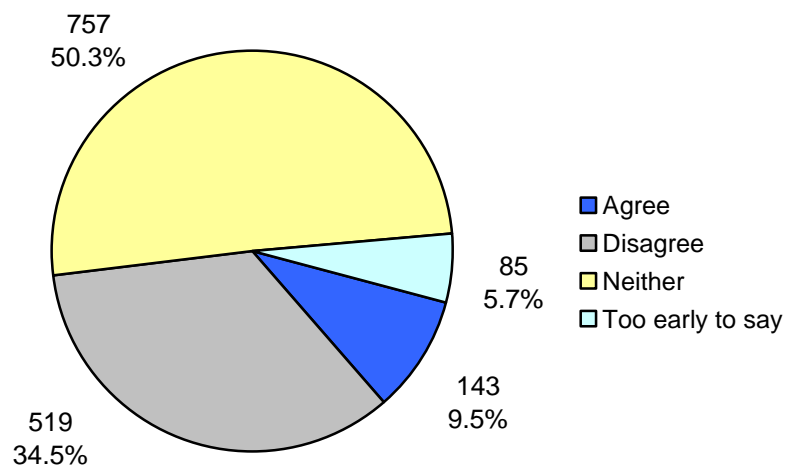


Source: Audit Scotland, August 2007

---

**Exhibit 32.**

**Joint working with out-of-hours social services has improved (n = 1504)**



Source: Audit Scotland, August 2007

---

# Part 4. Additional comments

18. We asked all respondents to add any additional comments on the new contract. 496 respondents (28 per cent) answered this question. The responses have been grouped into categories (**Exhibit 33**).

---

## Exhibit 33.

### Issues raised in additional comments by GPs

	Number of GPs who raised the issue
Poor quality of out-of-hours service/patient care	152
nGMS is a poor contract	118
nGMS is a good contract/is working well	86
Difficulties with managers	18
Workload pressures	14
Recruitment problems	9
Out-of-hours service is new and there is scope for it to develop/improve	6
Asked to do work not appropriate to them	4
Problems with IT	4
Other	145

Note: Multiple responses included.

Source: Audit Scotland, August 2007

---

# Appendix 1. GP Survey

## GP Survey

Audit Scotland is conducting this survey as part of a national study looking at the changes to out of hours (OoH) services following the introduction of the new General Medical Services contract (nGMS). We are very keen to capture the views of GPs to inform our national report, which is due to be published in spring 2007. It is important that you respond so we are able to reflect the views of GPs as a part of our work.

We would appreciate you taking the time to complete this short questionnaire. We can assure you that all answers you give will be treated in complete confidence. The information you give will not be used in any way that could identify you.

Please return your questionnaire to Audit Scotland in the reply paid envelope by **14th December 2006**.  
**Thank you for your help.**

### Q1 In which main NHS board area do you practice?

\_\_\_\_\_

### Q2 Broadly, which of the following best describes your practice area

- |                 |                          |
|-----------------|--------------------------|
| City            | <input type="checkbox"/> |
| Town            | <input type="checkbox"/> |
| Small town      | <input type="checkbox"/> |
| Rural location  | <input type="checkbox"/> |
| Remote location | <input type="checkbox"/> |

### Q3 Please indicate your gender

- |                          |                          |
|--------------------------|--------------------------|
| Male                     | Female                   |
| <input type="checkbox"/> | <input type="checkbox"/> |



**Q4 How long have you been in general practice (including time spent as a GP registrar)**

- Under 5 years
- 5 - < 10 years
- 10 - < 20 years
- 15 - < 20 years
- 20 - < 30 years
- 30 years or more

**Q5 Has your practice opted out of providing OoH services?**

Yes  No  N/A

**Q5a If no, please tell us why your practice is continuing to provide primary care OoH services and explain how your practice provides OoH cover.**

---



---

(If your practice did not opt out of providing OoH services please go to question 15)

**Q5b If yes, please state why your practice opted out of providing OoH services**

---



---

**Q6 Prior to changes to OoH services under nGMS, did you contribute to a co-operative or deputising service to have OoH services delivered for your patients?**

Yes  No  N/A

**Q7 Do you personally deliver any OoH services on behalf of an NHS board?**

Yes  No

**Q8 If you do not provide OoH services, what are your reasons for this?**

---



---

(If you do not provide OoH services please go to question 17)

**Q9 If yes, which of the following best describes your main employment status for OoH work**

- Self employed independent contractor providing services to an NHS board
- NHS board employed salaried GP (full time)
- NHS board employed salaried GP (part time)
- NHS board employed salaried GP for OoH sessions
- Other \_\_\_\_\_

**Q10 If you are a salaried GP (full time/part time/OoH only), have you become a salaried GP since the changes to OoH arrangements following the introduction of the nGMS contract?**

- Yes  No

**Q11 If yes, please rank the main reasons this ( 1 = most important 5=least important)**

	1	2	3	4	5
Flexibility- hours can be negotiated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy experience of working during the OoH period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less paperwork and administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good employment benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guaranteed income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet patient need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____					

(If you are a salaried GP please go to question 17)

**Q12 If you are an independent contractor please rank the main reasons for providing OoH services to an NHS board ( 1 = most important 5=least important)**

	1	2	3	4	5
Enjoy experience of working during the OoH period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility of working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet patient need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial incentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____					

**Q13 Please indicate if you provide OoH sessions for`**

Your host NHS board	<input type="checkbox"/>
An NHS board (or boards) other than your host board	<input type="checkbox"/>
Both your host NHS board and other host board (or boards)	<input type="checkbox"/>

**Q14 Do you provide OoH sessions for an NHS board through an agency?**

Yes  No

**Q15 Since the changes in OoH arrangements came into effect following the introduction of the nGMS contract**

The amount of OoH work I undertake is reducing	<input type="checkbox"/>
The amount of OoH work I undertake is increasing	<input type="checkbox"/>
The amount of OoH work I undertake is the same as before the changes	<input type="checkbox"/>

**Q16 In a typical week how many hours do you work OoH?**

\_\_\_\_\_

**Q17** Please indicate your level of agreement or disagreement with the following statements by circling the appropriate box. *If a statement does not apply to you (for example the first statement will not apply to GPs who's practice did not opt out of providing OoH care) please indicate by placing a tick in the N/A column.*

<b>Since the changes in OoH arrangements came into effect following the introduction of the nGMS contract:</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Too early to say</b>	<b>N/A</b>
I am relieved that I no longer have 24 hour contractual responsibility for providing OoH care	1	2	3	4	
I have more control over my workload	1	2	3	4	
My morale has improved	1	2	3	4	
My work-life balance has improved	1	2	3	4	
I spend less time providing medical care to patients when I'm working OoH	1	2	3	4	
A career as a GP has become more attractive	1	2	3	4	
I believe my pay for OoH work is fairer	1	2	3	4	
The quality of patient care OoH has improved	1	2	3	4	
Patient access to and the availability of OoH services has improved	1	2	3	4	
There has been an increase in the number of patients I treat during the OoH period whose medical problem could wait until the following day (in-hours) to treat	1	2	3	4	
The quality of patient care from GPs in-hours has declined	1	2	3	4	
Skill mix is allowing other staff, such as nurses, to take on more of my OoH work and this enables me to treat the patients who most need my care	1	2	3	4	
Communication between providers of OoH care needs to be improved (e.g. NHS 24, GP practices, SAS, acute services, social services)	1	2	3	4	
Sharing of patient information between providers of OoH care needs to be improved	1	2	3	4	
For the most part, NHS 24 appropriately refer patients to me	1	2	3	4	
For the most part, the NHS board managed OoH call handling hub appropriately refers patients to me	1	2	3	4	
NHS 24 recommended response times for GP homes visits are appropriate	1	2	3	4	
There has been an increase in emergency admissions	1	2	3	4	
There has been an increase in attendances at A&E	1	2	3	4	
Joint working with out of hours social services has improved	1	2	3	4	

**Q18 Please note any additional comments about the new arrangements for OoH services.**

---

---

---

Please return the questionnaire in the pre-paid envelope.

**THANK YOU**



# Primary care out-of-hours services

## Report supplement: Results of the national survey of GPs

If you require this publication in an alternative format and/or language, please contact us to discuss your needs.

You can also download this document at:  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)



Audit Scotland, 110 George Street, Edinburgh EH2 4LH  
T: 0845 146 1010 F: 0845 146 1009  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

ISBN 978 1 905634 70 5      AGS/2007/5

This publication is printed on uncoated paper, made from 100% post consumer reclaimed material.